FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|---|--|------------------|---------------|-------------|-------------------|--|-----------------------|--------|--|
| | Ashford, Brad, , ,) Address (number and street) | | | | | 2. Candidate's FEC Identification Number | | | |
| | PO Box 24023 | | | | | 2. Candidate's FEC Identification Number H4NE02054 | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | mended | |
| | Omaha | | NE | 6812 | 4 | Statement X (N | N) OR (A | ۸) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | | rict of Candidate | | | |
| | DEMOCRATIC PARTY | House | | | NE | 02 | | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIGN | N COMMITTEE | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| Brad Ashford for Congress | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | PO Box 24023 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Omaha | | | | NE | 68124 | | | |
| | | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HER AU | THORIZED | COMMITTEES | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | |
| | | | | | | | | | |
| | (b) Addraga (number and street) | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | and belief it is true, correct | and complete. | | |
| Si | gnature of Candidate | Date | | | | | | | |
| A | shford, J. Brad, , , | | | [Elec | tronically Filed] | 07/01/2017 | | | |
| | | | | - | | | | | |
| N | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject | he person signin | ng this Statement to penal | ties of 2 U.S.C. §437 | g. | |
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FEC FORM 2 (REV. 02/2009)